

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTCR03 S
Project Name/Number: Long Term Care Rider IUL/LO54

Filing at a Glance

Company: Stonebridge Life Insurance Company
Product Name: LTCR03 S
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form
Date Submitted: 07/31/2012
SERFF Tr Num: AEGB-128608088
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: LTCR03 S

Implementation: On Approval
Date Requested:
Author(s): Stephanie Mara
Reviewer(s): Donna Lambert (primary)
Disposition Date: 08/13/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
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General Information

Project Name: Long Term Care Rider IUL	Status of Filing in Domicile: Not Filed
Project Number: LO54	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: State of domicile filed as part of ICC.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/13/2012
	State Status Changed: 08/13/2012
Deemer Date:	Created By: Stephanie Mara
Submitted By: Stephanie Mara	Corresponding Filing Tracking Number: 3Y001008

Filing Description:

July 30, 2012

Commissioner of Insurance
 Arkansas Insurance Division
 1200 West 3rd Street
 Little Rock, Arkansas 72201-1904

Attn.: Policy Examination Division (Individual Life)

RE: STONEBRIDGE LIFE INSURANCE COMPANY NAIC #468-65021
 LTCR03 – Long Term Care Rider
 LTCR03 OC – Outline of Coverage
 RDB01 – Residual Death Benefit Endorsement
 LTC 0312S AR – Supplemental Application for Long Term Care Rider

Dear Sir/Madam:

Please find attached a copy of the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in final printed form in which they will be distributed to the Insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing and Officers' signatures.

These forms will also be used with our life portfolios.

Long Term Care Rider – LTCR03

This Rider is intended to be a federally tax-qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended. This Long Term Care Rider will provide a Monthly Long Term Care Benefit by way of an acceleration of the death benefit provided by the underlying policy, when the Insured has incurred expenses for Qualified Long

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
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Term Care Services. The maximum Monthly Long Term Care Benefit payable for any Calendar Month will be equal to the lesser of A or B where:

- A. is 2% of Long Term Care Specified Amount, at commencement of benefits; and
- B. is the per diem amount allowed by the Health Insurance Portability and Accountability Act times the number of days in the Calendar Month.

Benefits are payable up to the Long Term Care Specified Amount, which is equal to the face amount of the underlying policy.

Residual Death Benefit Endorsement – RDB01

The Residual Death Benefit Endorsement provides a benefit equal to the lesser of 10% of the lowest Face Amount of the Base Policy from its inception, less any outstanding Policy Loans; or \$10,000. Benefits under this endorsement will be payable instead of the death benefit that would otherwise be payable if it is more than such death benefit and:

1. The Insured dies during a Calendar Month for which a Monthly Long Term Care Benefit is due under the Long Term Care Rider; or
2. The Insured dies after we have paid the Rider Maximum Amount under the Long Term Care Rider.

The Residual Death Benefit Endorsement will always be issued with the Long Term Care Rider.

Outline of Coverage – LTCR03 OC

This form will be used in the sales process, to convey to a proposed owner, the scope of coverage provided by the rider, as well as to disclose limitations and exceptions of such coverage.

Supplemental Application – LTC 0312S AR

This form will be used as a supplement to the application filled out for the underlying policy. It must be completed if the Long Term Care Rider is elected for the proposed insured.

We intend to use the form in a traditional manner whereby the Owner/Applicant signs the application in ink and submits the application to the Company.

We also plan to make this form available electronically. It is our intent to use this supplemental application form in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted, including transmission of information via a secured socket layer/secured line. The information contained in the application will be transmitted to our administrative office electronically as well as the electronic signature of the Owner/Applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act, and to the extent applicable, the Federal ESIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the date on the electronic application in such a manner that the electronic signature is invalidated if any of the data on the application is changed. We also certify that such electronic signature intended for use with this application will not be affixed to or duplicated on any other document.

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: LTCR03 S
Project Name/Number: Long Term Care Rider IUL/LO54

Once signed via the electronic process, the document will not vary in any significant way as compared to the application in its printed format. A copy of the application supplement, identical to the filed form, will be printed and made part of any policy issued.

Please contact me should you have any questions.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY

Stephanie Mara
 Policy Analyst
 Contract Development
 Ph: (319) 355-8202 (collect)
 Fax: 319-355-2501
 Stephanie.Mara@Transamerica.com

Company and Contact

Filing Contact Information

Stephanie Mara, Policy Analyst smara@aegonusa.com
 4333 Edgewood Rd. NE 319-355-8202 [Phone]
 MS 2225 319-355-2501 [FAX]
 Cedar Rapids, IA 52499

Filing Company Information

Stonebridge Life Insurance Company	CoCode: 65021	State of Domicile: Vermont
4333 Edgewood Rd. NE	Group Code: 468	Company Type: Life & Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 03-0164230	

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No
 Fee Explanation: \$50/form x 4 forms = \$200 + \$50 rates = \$250
 Per Company: No

Company	Amount	Date Processed	Transaction #
Stonebridge Life Insurance Company	\$250.00	07/31/2012	61317151

SERFF Tracking #:

AEGB-128608088

State Tracking #:

Company Tracking #:

LTCR03 S

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

LTCR03 S

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Long Term Care Rider IUL/LO54

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	08/13/2012	08/13/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	LTC Rider Sample Data Page	Stephanie Mara	08/01/2012	08/01/2012

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
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Filing Company: Stonebridge Life Insurance Company

Disposition

Disposition Date: 08/13/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Explanation of Variability	Approved	Yes
Supporting Document	LTC Rider Sample Data Page	Approved	Yes
Supporting Document	LTC Rider Sample Data Page	Replaced	Yes
Form	Long Term Care Rider	Approved	Yes
Form	Residual Death Benefit Endorsement	Approved	Yes
Form	Long Term Care Outline of Coverage	Approved	Yes
Form	Supplemental Application	Approved	Yes

SERFF Tracking #:

AEGB-128608088

State Tracking #:

Company Tracking #:

LTCR03 S

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

LTCR03 S

Project Name/Number:

Long Term Care Rider IUL/LO54

Amendment Letter

Submitted Date:

08/01/2012

Comments:

The incorrect data page was inadvertently attached to the filing. The corrected data page has been attached.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: LTC Rider Sample Data Page

Comment:

IUL04 - LTCR03 Sample DP.pdf

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Form Schedule

Lead Form Number: LTCR03

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved 08/13/2012	LTCR03	POLA	Long Term Care Rider	Initial:	50.300	LTCR03 S.pdf
2	Approved 08/13/2012	RDB01	POLA	Residual Death Benefit Endorsement	Initial:	51.100	RDB01 S.pdf
3	Approved 08/13/2012	LTCR03 OC	OUT	Long Term Care Outline of Coverage	Initial:	52.700	LTCR03 OC S.pdf
4	Approved 08/13/2012	LTC0 0312S AR	AEF	Supplemental Application	Initial:	52.400	LTC 0312S AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Stonebridge Life Insurance Company
[Home Office: Rutland, VT
Administrative Office:
4333 Edgewood Rd NE
Cedar Rapids, IA 52499
(800) 238-4302]
(Referred to as the Company, we, our, or us)

LONG TERM CARE RIDER
Attached to and made a part of the policy issued by
STONEBRIDGE LIFE INSURANCE COMPANY
[Cedar Rapids, Iowa]

This rider is intended to be a federally tax-qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended. If a change to this rider is required in order to conform to changes in the requirements of the Internal Revenue Code, we will send you an amendment describing the change and you will be given a choice of accepting or rejecting the amendment. If you reject such an amendment, you must give us written notice, and your refusal may result in this rider no longer being tax-qualified or other adverse tax consequences. As with any tax matter, you should consult your tax advisor to evaluate any tax impact of rejecting any such amendment.

**Guaranteed
Renewable**

THIS RIDER IS GUARANTEED RENEWABLE. This means we may not, on our own, cancel or reduce the coverage it provides. This rider will remain in force subject to this rider's provisions, as long as the policy to which it is attached remains in force and the required charges for this rider are paid. Rider charges are subject to change as described in the Rider Charges provision of this rider.

**30-Day Right To
Review This Rider**

You have 30 days from the day you receive this rider to review it and return it to us if you decide not to keep it. You do not have to tell us why you are returning the rider. Within 30 days of when it is received, simply return it to us at our Administrative Office or to the agent/insurance producer through whom it was purchased. We will refund the full amount of any rider charge deducted from the Policy Value, within 30 days after our receipt of the returned rider. The rider will be void as if it had never been issued. If you wish to cancel the rider without canceling the policy, you must return the policy and this rider to us so that we can send you back the policy without this rider.

**Important Caution
About The Application**

We have issued this rider based on the answers to the questions on the application. A copy of the application is attached. If any answers are incorrect or untrue, we may have the right to deny benefits or rescind this rider. The best time to clear up any question is now, before a claim arises! If, for any reason, any of the answers are incorrect or untrue, contact us at our Administrative Office. Our address and the toll-free number are shown above.

Notice to Buyer

This rider may not cover all of the costs associated with long term care incurred during the period of coverage. You are advised to review all rider limitations carefully.

THIS RIDER DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE.

If the Insured is eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from us.

This rider uses terms that have specific meanings within this rider. Most of these terms are defined in the General Definitions section of this rider. Some of the definitions may be in the policy to which this rider is attached. Definitions related to eligibility for benefits are in the Eligibility for the Payment of Benefits section of this rider.

The charges for this rider may be distributions for income tax purposes. If you have any questions regarding the tax implications of this rider, please consult with your tax advisor.

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

No Cash Value

This rider has no cash value. You cannot borrow against this rider or pledge it as collateral for a loan.

Guide To Rider Provisions

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Rider Benefit

Subject to the provisions, exclusions and limitations of this rider and the policy to which it is attached, we will pay a Monthly Long Term Care Benefit when the Insured has incurred expenses for Qualified Long Term Care Services as set forth in this rider.

Benefits are payable if the Insured has incurred expenses for one or more of the following types of Qualified Long Term Care Services:

1. Long Term Care Facility confinement;
2. Home Health Care Services;
3. Home Care Services;
4. Adult Day Care in an Adult Day Care Center;
5. Hospice Care by a Hospice Care Provider; or
6. Respite Care.

The amount of the Monthly Long Term Care Benefit is described in the Benefits section of this rider.

In order to receive benefits under this rider, you must provide us with both a Plan of Care acceptable to us and Proof of Loss documentation. This documentation must show (1) that the Insured has received one or more of the Qualified Long Term Care Services described above and (2) that the Qualified Long Term Care Services received were consistent with the requirements of the current Plan of Care, in terms of both type of services and frequency.

This rider provides coverage for mental and nervous conditions, including Alzheimer’s disease, Parkinson’s disease and senile dementia in accordance with the terms of this rider if the Insured is certified by a Licensed Health Care Practitioner as being a Chronically Ill Individual.

Eligibility For the Payment of Benefits

Subject to all of the terms of this rider, you are eligible for benefits under this rider if the Insured is a Chronically Ill Individual.

Chronically Ill Individual means an individual who has been certified by a Licensed Health Care Practitioner as:

1. being unable to perform, without **Substantial Assistance** from another individual, at least two out of the six **Activities of Daily Living (ADLs)** for an expected period of at least 90 days due to a loss of functional capacity; or
2. requiring **Substantial Supervision** to protect the Insured from threats to health and safety due to **Severe Cognitive Impairment**.

Substantial Assistance means either Hands-On Assistance or Standby Assistance:

1. Hands-on Assistance means the physical assistance (minimal, moderate or maximal) of another person without which the Insured would be unable to perform the Activity of Daily Living.
2. Standby Assistance is the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activity of Daily Living.

Activities of Daily Living (ADLs). Each of the following six functional areas is considered an Activity of Daily Living (ADL):

1. Bathing: The ability to wash oneself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence: The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
3. Dressing: The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating: The ability to feed oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting: The ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. Transferring: The ability to move into and out of a bed, chair or wheelchair.

Substantial Supervision means continual supervision by another person that is necessary to protect the Insured as a Severely Cognitively Impaired person from threats to the Insured's health or safety (such as may result from wandering). This includes cuing by verbal prompting, gestures, or other demonstrations. Supervision that is intermittent or periodic is not considered Substantial Supervision.

Severe Cognitive Impairment (including the term "Severely Cognitively Impaired") means a severe loss or deterioration in intellectual capacity that is measured by clinical evidence and standardized tests as part of an evaluation that reliably measures impairment in the Insured's:

1. short-term or long-term memory;
2. orientation as to people, places or time;
3. deductive or abstract reasoning; and
4. judgment as it relates to safety awareness.

The evaluation must include utilizing cognitive tests with resulting scores consistent with a diagnosis of Severe Cognitive Impairment.

**Limitations or
Conditions on
Eligibility for Benefits**

Conditions

In order for benefits to be payable under this rider:

1. The Insured must satisfy the requirements set forth in Eligibility for the Payment of Benefits section;
2. Qualified Long Term Care Services must begin while this rider is in force;
3. All charges must be incurred for services rendered or goods provided while this rider is in force;
4. The Insured must satisfy the Elimination Period;
5. All care and services must be in accordance with accepted medical and nursing standards of practice; and
6. All care and services must be consistent with the Insured's current Plan of Care. You must provide us with both a Plan of Care acceptable to us and Proof of Loss documentation.

Limitations

The following limitations apply to this rider:

1. All benefits are subject to the Rider Maximum Amount.
2. Benefits are payable as specified in the Benefits section of this rider.
3. We will not pay benefits during the Elimination Period.
4. Benefits are subject to the General Exclusions and Limitations of this rider.

Elimination Period

This rider has an Elimination Period of 90 days. This means that we will not pay benefits under this rider for any period before the Insured has incurred expenses, on each of 90 separate days during which this rider is in effect, for Qualified Long Term Care Services that would otherwise be covered under this rider. These days of care or services need not be continuous. The Elimination Period has to be satisfied only once while this rider is in effect. You must provide us with Proof of Loss in order to satisfy the Elimination Period.

We will give the Insured credit toward the Elimination Period for days of confinement, care or services covered under this rider, even if they are paid or payable by Medicare.

Care or services received during confinement in a hospital or rehabilitation hospital/facility cannot be used to satisfy the Elimination Period, even if they are paid or payable by Medicare.

General Definitions

Adult Day Care. A program of social and health-related services to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home. The program must be provided for six or more individuals during the day in a community group setting.

Adult Day Care Center. A facility or organization that is licensed, registered or certified to provide Adult Day Care, if required by the state in which it is located.

If licensure, registration, or certification is not required by the state, it is that part (or separate center) of a facility that provides Adult Day Care and meets all of the following requirements:

1. it operates at least five days a week for a minimum of four hours a day and is not an overnight facility;
2. it maintains a daily written record for each client, which includes a Plan of Care and a record of all services provided;
3. it has established procedures for obtaining appropriate aid in the event of a medical emergency;

4. it has formal arrangements for providing for the services of: (a) a dietitian; (b) a licensed physical therapist; (c) a licensed speech therapist; and (d) a licensed occupational therapist; and
5. its staff includes all of the following: (a) a full-time director; (b) one or more nurses in attendance during operating hours; and (c) not less than three full-time staff members.

Calendar Month. A period beginning on the first day through and including the last day of any of the 12 months of a year. For example: January 1st through January 31st.

Home Care Agency. An entity that provides care and services in the Insured's home and meets all of the following criteria:

1. it is, where required, licensed, certified or accredited as a Home Health Care Agency, Home Care Agency, or Nurse Registry (in states where Nurse Registries exist);
2. it provides Home Health Care Services or Home Care Services;
3. it is, where required by its licensure, certification or accreditation, supervised by a Registered Nurse or a licensed social worker;
4. it keeps written Plan of Care records on all patients. This includes Physician's orders where appropriate; and
5. if providing Home Health Care Services, it also keeps daily written clinical records on all patients.

Placement agencies, employment agencies and similar entities do not qualify as Home Care Agencies.

Home Care Services. Services that are provided by skilled or unskilled persons who work under the supervision of a Home Care Agency. These services are provided in the Insured's home. Home Care Services include the following:

1. Personal Care Attendant Services;
2. reporting changes in the Insured's condition and needs, and completing appropriate records; and
3. Homemaker Services.

Home Health Care Services. A program of part-time or intermittent professional, para-professional or skilled care provided through a Home Care Agency to the Insured in the Insured's home. Home Health Care Services include nursing services provided by a: Nurse; physical therapist; respiratory therapist; speech therapist; occupational therapist; infusion therapist; or nutritional specialist.

Homemaker Services. Support services that are secondary to assistance with the Activities of Daily Living or because of a Severe Cognitive Impairment. These services must be included in the Insured's Plan of Care. They include one or more of the following, required so that the Insured can remain at home: meal preparation; laundry; and light housekeeping. Light housekeeping means: vacuuming; dusting; dry mopping; dishwashing; cleaning the kitchen and bathroom; and changing beds.

Hospice Care. A coordinated, interdisciplinary program for meeting the special needs of Terminally Ill individuals. This includes the physical, emotional, social and spiritual needs of such individuals. Hospice Care provides palliative and supportive services during the terminal illness to individuals who have no reasonable prospect of cure.

Hospice Care Facility. A facility that is licensed or certified by the state in which it is located to provide Hospice Care.

Hospice Care Provider. A Long Term Care Facility, Home Care Agency, Hospice Care Facility or other provider that is licensed to provide Hospice Care. It does not include a hospital.

Immediate Family. An individual's spouse (including common law spouse) or Partner and anyone who is related to the individual or his or her spouse or Partner (including adopted, in-law and step-relatives). This includes a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

Insured. The person who is the Insured under the policy to which this rider is attached.

Licensed Health Care Practitioner. A Physician, registered professional nurse (RN), licensed social worker, or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury. A Licensed Health Care Practitioner does not include you or the Insured, and may not be a member of your Immediate Family or the Insured's Immediate Family.

Long Term Care Facility. A health care facility that is licensed, certified, or registered by the appropriate authority in the state in which it is located to provide inpatient care for persons who are in need of assistance with Activities of Daily Living or are Severely Cognitively Impaired. The facility must charge a fee for the inpatient care at the time the care is provided.

A Long Term Care Facility must:

1. provide personal care by on-site staff. It must also provide three meals a day, including special diets;
2. have procedures in place establishing appropriate protocol for medication management and the handling and administration of drugs and biologicals;
3. provide an emergency call system and on-site facility staff able to respond to and meet both scheduled and unpredictable needs of residents on a 24-hour-a-day basis. The staff's duties must include supervision of safety, security and awareness of the whereabouts of the residents at all times; and
4. have a Physician or Registered Nurse on site or on contract to provide nursing services specified in case of an emergency.

Regardless of name, any properly licensed, certified, or registered facility providing the services set forth above will qualify as a Long Term Care Facility. This includes, for example: nursing homes; skilled nursing facilities; nursing care facilities; assisted living facilities; adult foster care facilities; congregate care facilities; basic care facilities; residential care facilities; family and group assisted living facilities; boarding care homes; domiciliary care homes; personal care homes; and hospice care facilities.

In those states where there is no facility that is licensed, certified or registered to provide inpatient care for persons who are in need of assistance with Activities of Daily Living or are Severely Cognitively Impaired, a facility must meet all of the requirements in items # 1-4 listed above. In addition, it must meet all of the following requirements in order to qualify as a Long Term Care Facility:

1. provides the following information in writing to each resident:
 - a. a tenant services contract or agreement in place for each resident;
 - and

- b. admission and transfer/discharge requirements;
2. provides a minimum of 10 beds; and
3. has staff on site 24-hours-a-day to provide personal care.

Long Term Care Facility does not mean a facility or part of a facility that is operated mainly for the treatment and care of: mental, nervous, psychotic or psychoneurotic deficiencies or disorders; tuberculosis; alcoholism, substance abuse, or drug addiction; or rehabilitation or occupational therapy. A Long Term Care Facility is not a rehabilitation hospital/facility.

Long Term Care Facility does not include a hospital, except for a separate and distinct wing or section of a hospital, if such wing or section, including the Insured's assigned bed, is appropriately licensed, certified, or registered to provide the level of care defined above. Also, Long Term Care Facility does not include: an independent living apartment or unit; hotel; motel; retirement home; or any dwelling similar to these.

Long Term Care Specified Amount. The Long Term Care Specified Amount is equal to the base policy's Face Amount. The Long Term Care Specified Amount may be reduced if the policy's Face Amount is reduced and increased if the policy's Face Amount is increased due to a death benefit option change. The Long Term Care Specified Amount as of the Policy Date is shown in the Policy Data. The total amount of benefits paid under this rider may not exceed the Long Term Care Specified Amount.

Medicare. The "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Nurse. A person who is duly licensed as either:

1. Registered Nurse (RN);
2. Licensed Practical Nurse (LPN); or
3. a Licensed Vocational Nurse (LVN).

The term Nurse does NOT include:

1. you or the Insured; or
2. a member of your Immediate Family or the Insured's Immediate Family.

Partner. An adult who is not related to the Insured by blood or marriage under the laws of the state in which this rider was issued; who has resided with the Insured continuously for at least two years; and both the Insured and Partner hold themselves out to the public as life partners. Partner is used to describe these legally-sanctioned relationships, which may include domestic partners and/or civil union partners.

Partner does not include any person who is married to anyone else (whether by civil or religious ceremony or common-law marriage), nor any roommate or friend of the Insured who does not otherwise meet this definition.

Personal Care Attendant Services. Care or assistance that is necessary to protect the Insured's health and safety while allowing the Insured to remain at home. This includes services such as assistance with Activities of Daily Living, medication management, mobility, and personal hygiene. Personal Care Attendant Services are not services that are primarily for personal convenience or companionship, nor do they include transportation services.

Physician. A doctor of medicine or osteopathy as set forth in Section 1861(r)(1) of the Social Security Act, as amended, who is legally authorized to practice medicine and surgery within the United States by the jurisdiction in which he or she performs such function or action.

The term Physician does not include:

1. you or the Insured;
2. a member of your Immediate Family or the Insured's Immediate Family; or
3. anyone who has a financial interest in, or is an employee of, a facility, agency, or center administering the Plan of Care.

Plan of Care. A written, systematic, standardized and comprehensive assessment of the Insured's physical and cognitive abilities by a Licensed Health Care Practitioner, based on a face-to-face evaluation of the Insured. The Plan of Care must specify the type, frequency and providers of all the services that the Insured requires. The services also must be consistent with the assessment done to develop the Plan of Care. The Plan of Care may include services not covered by this rider. No more than one Plan of Care may be in effect at a time.

The Plan of Care must include the date, if any, by which the Insured is expected to recover from his or her illness or injury. The Plan of Care must be prescribed, approved and signed by a Licensed Health Care Practitioner. It must be updated or confirmed in writing at least once every 12 months or more frequently as we may require. We will not require an update or written confirmation more frequently than once each 90 days.

We reserve the right to discuss the Plan of Care with the Licensed Health Care Practitioner to verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual.

If possible, a copy of the Plan of Care should be sent to us before the care and services are received. Otherwise, it must be provided to us at the time the first claim under the Plan of Care is submitted. Unless otherwise stated in this rider, the Plan of Care must be submitted no later than 90 days after the care and services begin. It must document by assessment that the Insured met the requirements set forth in the Eligibility for the Payment of Benefits section of this rider during that 90-day period.

A Plan of Care must be approved by a Licensed Health Care Practitioner who: (1) does not have a financial interest in; (2) is not on contract with; and (3) is not an employee of the facility, agency, center or provider administering all or any part of such Plan of Care.

Proof of Loss. Information or documents satisfactory to us to enable us to determine whether benefits are payable under your rider. We will pay benefits only after we have received all necessary Proofs of Loss. You must either provide us with this information or authorize its release to us.

Qualified Long Term Care Services. This means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which:

1. are required by a Chronically Ill Individual; and
2. are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Qualified Long Term Care Services do not include any care, confinement or services set forth in the General Exclusions and Limitations section of this rider.

Only Qualified Long Term Care Services are covered under this rider.

Respite Care. Respite or relief for your Volunteer Caregiver. Respite Care is provided so that the Volunteer Caregiver who normally provides care for the Insured may take short-term leave or take a rest to provide him or her with temporary relief from the responsibilities of caregiving. Respite Care covers short-term care provided: in a Long Term Care Facility; in a community-based program such as Adult Day Care; or care received in the Insured's home.

Terminally Ill. A person who has been certified in writing by his or her Physician as having a life expectancy of six months or less.

Volunteer Caregiver. The unpaid person who has the primary responsibility of caring for the Insured in the Insured's home. A person who is paid to care for the Insured is not a Volunteer Caregiver.

Benefits

Payment of Benefits. Once the Elimination Period has been satisfied and the claim is approved by us, we will pay the Monthly Long Term Care Benefit. You must file additional Proofs of Loss for each subsequent Calendar Month for which you wish to receive benefits.

Before we make a payment, we will first apply any benefit amount to any unpaid Monthly Deductions, then to any interest due on any policy loans to the extent such interest due exceeds the policy's Cash Surrender Value. The remaining benefits will be paid to you. Benefits are payable in U.S. Dollars.

If there is an irrevocable beneficiary or an assignee on the policy, we will require consent from that party or parties before we begin paying benefits under this rider.

Monthly Long Term Care Benefit. The maximum Monthly Long Term Care Benefit payable for any Calendar Month will be equal to the lesser of A or B where:

- A. is 2% of Long Term Care Specified Amount, at commencement of benefits; and
- B. is the per diem amount allowed by the Health Insurance Portability and Accountability Act times the number of days in the Calendar Month.

You may request a Monthly Long Term Care Benefit amount less than the above maximum, but the monthly benefit must be at least \$500. Choosing a lesser amount could extend the period during which benefits may be payable. Once selected, the Monthly Long Term Care Benefit amount will remain in effect for the remainder of the current calendar year. You may change your election for subsequent calendar years by giving us written notice at least 30 days before the beginning of that calendar year.

If benefits are payable for only part of a Calendar Month, we will prorate the Monthly Long Term Care Benefit at the beginning of a period of care or at the end. Prorate means we will divide the monthly benefit by the actual number of days in the month, then multiply that number times the number of days during the month for which you are eligible to receive benefit payments.

Maximum Lifetime Rider Benefit. If the total of the benefits paid under this rider equals or exceeds the Rider Maximum Amount, benefit payments under this rider will cease. The Rider Maximum Amount is equal to the Long Term Care Specified

Amount minus any outstanding policy loan.

Lapse Protection. While rider benefits are being paid, the policy will not Lapse due to the policy's Cash Surrender Value not being sufficient to pay the monthly charge due.

Extension of Benefits. If this rider terminates for any reason while you are receiving benefits under this rider and while the Insured is confined in a Long Term Care Facility, benefits will be continued until the earlier of the following: the date the Insured is discharged from the Long Term Care Facility; or the date when the benefits paid under this rider equal or exceed the Rider Maximum Amount.

Rider Charges

On each Monthly Policy Date while this rider is in effect, we will charge you a monthly charge for this rider. The monthly charge for this rider is equal to the product of A times B, divided by 1,000 where:

- A. is the policy's amount at risk as determined for purposes of the Monthly Cost of Insurance, but no more than the Long Term Care Specified Amount; and
- B. is the Long Term Care rider monthly charge per \$1,000 of the policy's amount at risk.

To determine the appropriate monthly charge, we will use our current monthly charge tables in effect for this rider using the Insured's Age, sex, class of risk, and any substandard rating (as shown in the Policy Data) and the length of time since the later of the Policy Date or the Rider Date. Monthly charge rates may be changed by us from time to time. A change in the monthly charge rate will apply to all persons of the same Long Term Care Specified Amount, Age, sex, class of risk and any substandard rating whose riders have been in effect for the same length of time. The rates will not exceed those shown in the Table of Long Term Care Rider Guaranteed Maximum Monthly Charge Rates per \$1000 using the Insured's Age, sex and class of risk, adjusted for any rating.

Waiver of Rider Monthly Charges. We will not charge monthly charges for this rider for any policy month while we are paying benefits under this rider. However, other policy and rider charges will continue to apply.

Grace Period

The Grace Period for this rider is 65 days. If any amount due is not paid within 30 days from the date that it was due, we will send a notice to you, the Insured and the person or persons designated by you to receive such notice at the addresses provided to us. Notice will be given by first class United States mail, postage prepaid. You will have an additional 35 days to pay the amounts due after we have mailed the Notice. During the Grace Period this rider will stay in effect.

You may have named a person or persons to receive notice of nonpayment of premium. The person or persons named are not responsible for paying the premium. You may change the person or persons named at any time while this rider is in effect. Please note that you must tell us if any of the addresses change. You must send the information in writing to our Administrative Office. We will provide you with a reminder of the right to change the person or persons named at least every two years.

Added Protection Against Termination; Reinstatement. If this rider Lapses while the Insured is Chronically Ill as set forth in the Eligibility for the Payment of Benefits section, this rider may be reinstated. To have this rider reinstated, the policy must be reinstated in accordance with its Reinstatement provisions with the exception of its insurability conditions, which shall be waived if all the following conditions are

met:

1. We must receive a written request for reinstatement in our Administrative Office within 180 days after the date this rider Lapses; and
2. We must receive a Licensed Health Care Practitioner's written certification that, at the time this rider Lapsed, the Insured had been diagnosed, using generally accepted medical diagnostic methods and tests, as being a Chronically Ill Individual; and
3. We must receive all unpaid, overdue rider charges for this rider.

Any claim incurred during the 180-day period will be considered for benefits subject to all other rider provisions.

Reinstatement. In situations other than the Added Protection Against Termination; Reinstatement provision, we will consider this rider for reinstatement as described in the Reinstatement provision in the policy. Before we reinstate this rider, we may require evidence of insurability specific to the coverage provided by this rider.

Interaction of Policy Provisions and This Rider

Accelerated Death Benefit. Benefits paid under this rider are considered an acceleration of the death benefit.

Effect on Death Benefit. If the Insured dies, the amount of the benefits paid under this rider will be deducted from the policy's death benefit.

Death Benefit Option. If the policy's Death Benefit option is not Level when we approve a claim for benefits under this rider we will change the death benefit option to Level and adjust the Long Term Care Specified Amount accordingly. We will not automatically restore the original Death Benefit Option when we stop paying benefits, but you may request a change at that time in accordance with the policy's provisions.

Effect on Policy Value. The amount of the benefits paid under this rider will be deducted from the policy's Cash Surrender Value and will also reduce the amount available for any future policy loans or withdrawals under the policy. If your policy is a flexible premium variable adjustable life insurance policy, then when we approve a Long Term Care claim we will transfer all of the Policy Value in the Separate Account to the Basic Interest Account. Transfers will not be allowed while we are paying benefits under this rider.

Effect on Surrender Values when the Policy Includes an Endorsement Providing an Enhanced Surrender Value. If the policy is surrendered during the option periods provided in an endorsement enhancing its surrender value, any such enhanced surrender value will be reduced by the amount of the benefits paid under this rider.

Policy Face Amount Changes. While this rider is In Force you may not request an increase in the base policy's Face Amount. Transactions that increase or reduce the Face Amount of the policy will also result in a dollar-for-dollar change in the Long Term Care Specified Amount.

Loans and Withdrawals. Loans and withdrawals will not be permitted while benefits are being paid under this rider.

Effect of Reaching the Maximum Amount. After we have paid the Rider Maximum Amount:

1. We will not charge any further monthly charges for this rider.
2. All riders other than this rider will terminate.

3. If the policy includes a Children's Benefit Rider or Additional Insured Rider, coverage may be converted in accordance with that rider's provisions related to conversion upon the death of the Insured.
4. Interest will continue to be credited to the Policy Value if it is not less than zero.
5. Any negative Policy Value will be reset to zero.
6. You must pay interest on any policy Loans as it becomes due or the policy may terminate.

Effect of a Terminal Illness Accelerated Death Benefit Endorsement on this Rider. If your policy includes an endorsement providing an accelerated death benefit in the event of a terminal illness ("Terminal Illness ADB Endorsement"), the Insured may qualify for benefits under both the Terminal Illness ADB Endorsement and this rider. If the Insured qualifies for benefits under both the Terminal Illness ADB Endorsement and this rider and if a claim is made under both the Terminal Illness ADB Endorsement and this rider, a benefit will be paid under the Terminal Illness ADB Endorsement first. A payment under the Terminal Illness ADB Endorsement will reduce the policy's face amount and the Long Term Care Specified Amount will be reduced by the same amount. Once payment under the Terminal Illness ADB Endorsement is made, any payments under this rider will be made based on the newly reduced Long Term Care Specified Amount.

We will not pay benefits under both the Terminal Illness ADB Endorsement and this rider simultaneously. If a claim is made under the Terminal Illness ADB Endorsement while benefits are being paid under this rider, we will stop paying benefits under this rider when we pay benefits under the Terminal Illness ADB Endorsement. The maximum accelerated death benefit used to calculate the amount of the terminal illness accelerated death benefit will be reduced by the amount of the benefits paid under this rider. Once payment under the Terminal Illness ADB Endorsement is made, if the Insured still qualifies for benefits under this rider, any payments under this rider will be made based on the newly reduced Long Term Care Specified Amount.

End of Eligibility. If rider benefit payments cease because the Insured no longer qualifies for benefits under this rider, the following will apply:

1. If the policy's No Lapse Ending Date has not passed, the test to determine whether the No Lapse Guarantee is in effect will not require a Minimum No Lapse Premium for those months while we were paying benefits under this rider.
2. Any negative Policy Value will be reset to zero.
3. Policy transactions that were restricted while we were paying benefits under this rider will become unrestricted.

General Exclusions and Limitations

Exclusions. Qualified Long Term Care Services do not include care, confinement or services:

1. resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance; or
5. received outside the 50 United States and the District of Columbia, or Canada; or
6. performed by a member of your Immediate Family or the Insured's Immediate Family. A member of your Immediate Family or the Insured's

Immediate Family can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family or the Insured's Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

Non-Duplication of Benefits. Qualified Long Term Care Services do not include care, confinement or services:

1. provided in a government facility (unless otherwise required by law);
2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
3. provided under any governmental programs (except Medicaid); or
4. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;

unless the costs incurred and paid exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

Qualified Long Term Care Services do not include care, confinement or services received by the Insured that are not included in the Insured's Plan of Care.

Claims Information

This section explains: when to notify us of a claim; what to send to us; where to send it; how we pay benefits; and other claims-related rights and obligations under this rider.

Notifying Us of a Claim.

Notice of Claim. Early notification to our Claims Department will help us make a timely review of a claim. You should let us know immediately or in advance whenever possible, when the Insured needs care or services that may be covered by this rider. You may reach us on the toll-free number on the first page of this rider, or you may choose to send us written notice instead.

Notice must be received by us at our Administrative Office within 60 days of the date the covered loss starts or as soon as is reasonably possible. The notice should include at least: your name, the name of the Insured, policy number, and the address to which the claim form should be sent.

How to File a Claim.

Claim Forms. When we receive notice of a claim, we will send you a claim form to be used to file Proof of Loss. We will send the claim form to you within 15 days of notice of a claim.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. You may choose to have someone else complete the information for the Insured as the Insured's representative.

If you do not get the claim form within 15 days, Proof of Loss can be filed without

it by sending us a letter. The letter needs to describe the occurrence, the nature, and the extent of the loss for which claim is being made. That letter must be sent to us within the time period stated in this rider's Proof of Loss provision. At a minimum, the description should tell us such things as:

1. the Insured's name, address, Social Security number, and policy number;
2. the type of benefits for which claim is being made;
3. the names and addresses of the medical professionals and care providers who are aware of the Insured's condition or have provided care covered by this rider;
4. the diagnosis; and
5. the time periods for which benefits are being claimed.

Assessment of the Insured's Condition. Before we approve a claim for benefits under this rider, an assessment may be performed by a Licensed Health Care Practitioner we select. This assessment may be performed in person. The Licensed Health Care Practitioner will assess the Insured's condition and prognosis for recovery.

To continue payments, we may require a Licensed Health Care Practitioner we select to reassess the Insured's condition and to update the prognosis for recovery. We will pay the costs of the initial assessment and all reassessments. We may require a reassessment at least once every 12 months while benefits are being paid. We may require a reassessment more often, but not more often than every 90 days.

When to File a Claim.

Proof of Loss. You must give us written Proof of Loss within 90 days after the end of the Elimination Period in order to satisfy the Elimination Period requirements. You must send the Proof of Loss to our Administrative Office. We will require a certification by a Licensed Health Care Practitioner that the Insured was a Chronically Ill Individual during the Elimination Period. It must include documentation that during the Elimination Period, the Insured received Qualified Long Term Care Services for which the Insured incurred a charge.

In order to help us determine the Insured's eligibility for the payment of benefits, we may require that you provide us with various documents, such as, but not limited to:

1. claim forms and authorizations to obtain Proof of Loss;
2. Physician's orders;
3. medical records;
4. copies of licensure of any facility, provider or for any bed to which the Insured is assigned;
5. itemized daily or monthly billing statements;
6. records of the care or services the Insured received;
7. Explanation of Benefits forms (EOBs) that the Insured has received from other sources for the same services. This includes: other health insurance or long term care insurance policies; the Veteran's Administration; and Medicare;
8. provider's Plan of Care or provider assessment/reassessment records or similar documents; and
9. provider's residence agreements, disclosures, life care contracts or similar documents.

In addition, we reserve the right to conduct an assessment of the Insured's condition as described above before we approve a claim for benefits under this

rider.

We must receive written Proof of Loss within 90 days after the end of each month for which benefits may be paid. If it is not reasonably possible to give us written proof in the time required, we will not reduce or deny a claim for being late if the Proof of Loss is sent to us as soon as is reasonably possible. However, unless you are not legally capable, the required Proof of Loss must always be given to us no later than one year from the time specified.

How and When Claims are Paid.

Time of Payment of Claim. Benefits under this rider are payable after services have been rendered and charges have been incurred for such services. We will not pay benefits based on advance billing for services or care to be rendered in the future.

1. Within 30 business days after we receive notice of claim and Proof of Loss, we will either: pay the claim, if we have received all of the required information and determine that the claim is payable; or send you a written notice acknowledging the date of receipt of the claim. If we do not pay the claim, we will let you know: we are declining to pay all or part of the claim and the specific reason(s) for denial; or that additional information is necessary to determine if all or any part of the claim is payable and the specific additional information that is necessary.
2. Within 30 business days after we receive the requested additional information, we will either: pay the claim; or we will let you know that we are declining to pay all or part of the claim and the specific reason(s) for denial.

If we fail to follow the process outlined above, we will pay interest at the rate of 1% per month on the amount of the claim that should have been paid but that remains unpaid 45 business days after the later of:

1. our receipt of the claim with respect to subsection 1 above; or
2. our receipt of all requested additional information with respect to subsection 2 above.

The interest payable will be included in a late claim payment without the requirement to file an additional claim for such interest.

How to Appeal a Claim Determination.

Claims Appeal Process. We evaluate a claim based on the provisions of this rider and the information we obtain or that is given to us. If you do not agree with a claim decision, you may ask for an appeal. Your request must be in writing to us. It needs to include all of the following information: the names, addresses and phone numbers of the providers who you think we should contact to learn more about the Insured's health and the care received; the Physicians and other health care professionals who treated the Insured; and the facilities that provided the care or services. No special form is needed. Your request must be sent to our Administrative Office within one year of the time of filing written Proof of Loss. You may authorize someone else to act for you under this appeal process. You or your authorized representative may submit additional information of any kind that you think will help with the appeal.

After we receive the appeal request and the necessary supporting documents, we will reexamine the information regarding the claim and any additional information provided to us. Within 30 days after we receive all of the necessary information, we will complete our review. We will send you and your authorized representative, if any, our decision in writing. If our decision is to pay the claim, we will pay it promptly. If the appeal is denied, we will clearly state our reasons and make

information directly relating to the denial available to you.

Right of Recovery. We have the right to recover any overpayment made because of an error in the processing of a claim. We may offset any amounts that have not been previously recovered from any future benefit payment.

General Provisions

Consideration. We have issued this rider in consideration of the application (including any supplemental application) and payment of the initial premium shown in the Policy Data. A copy of the application and any supplemental application is attached to the policy.

Effective Date. The effective date of coverage under this rider will be the Rider Date shown in the Policy Data.

Representations. All statements submitted in the application for this rider by or on behalf of the Insured will be considered representations and not warranties.

Incontestability. If a claim arises from a condition that manifests itself when coverage under this rider has been in force less than six months, we may rescind the coverage or deny an otherwise valid claim upon a showing of misrepresentation that is material to our decision to issue you the coverage.

If a claim arises from a condition that manifests itself when coverage under this rider has been in force for at least six months but less than two years, we may rescind the rider or deny an otherwise valid claim upon a showing of misrepresentation that is both material to our decision to issue you the coverage and which pertains to the condition for which benefits are sought.

If a claim arises from a condition that manifests itself after coverage under this rider has been in force for two years or more, we may only rescind the rider upon a showing that you and/or the Insured knowingly and intentionally misrepresented relevant facts relating to the Insured's health.

If this rider is reinstated, the original contestability periods will continue to apply. In addition, new contestability periods will apply with respect to statements made in any application for reinstatement.

Conformity with Law. If anything in this Rider does not comply with a law to which it is subject on its Effective Date, that provision is amended to conform to such law.

Legal Actions. You cannot bring suit against us until at least 60 days after written Proof of Loss has been given to us. You cannot bring suit against us after three years from the time written Proof of Loss is required to be given.

Termination of this Rider. This rider will terminate on the earliest of the following:

1. on the Monthly Policy Date on or next following the date we receive your written request to terminate this rider;
2. upon termination (including any rescission) of the policy; or
3. when the Insured dies.

Signed for the Company at Cedar Rapids, Iowa, on the Rider Date, which is the Policy Date unless we inform you in writing of a different date.

Signed for us at our home office.



[

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[Secretary]



[

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[President]



Stonebridge Life Insurance Company
[Home Office: Rutland, VT
Administrative Office:
4333 Edgewood Rd NE
Cedar Rapids, IA 52499
(800) 238-4302]

Residual Death Benefit Endorsement

Stonebridge Life Insurance Company has issued this Endorsement as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy and of the Long Term Care Rider attached to the policy.

Amount of the Residual Death Benefit

The Residual Death Benefit is equal to the lesser of:

1. 10% of the lowest Face Amount of the Base Policy from its inception, less any outstanding Policy Loans; or
2. \$10,000.

Payment of the Residual Death Benefit

Upon the death of the Insured while the policy is in force, we will pay the Residual Death Benefit instead of the death benefit that would otherwise be payable if it is more than such death benefit and:

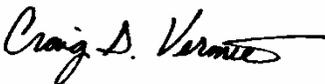
1. The Insured dies during a Calendar Month for which a Monthly Long Term Care Benefit is due under the Long Term Care Rider; or
2. The Insured dies after we have paid the Rider Maximum Amount under the Long Term Care Rider.

Termination

This Endorsement will terminate on the earliest of the following:

1. The date the policy is surrendered;
2. The date the policy terminates for any reason;
3. The date you request termination of the Long Term Care Rider.

Signed for Stonebridge Life Insurance Company at [Cedar Rapids, Iowa], and effective on the Policy Date of the policy to which this endorsement is attached unless we advise you in writing of a different date.

[]

[Secretary]

[]

[President]

**LONG TERM CARE INSURANCE
OUTLINE OF COVERAGE
Rider Form LTCR03**

Notice to buyer: The captioned Long Term Care rider may not cover all of the costs associated with long-term care incurred during the period of coverage. You are advised to review all rider terms, conditions and limitations carefully.

Caution: The issuance of the Long Term Care rider is based on our issuance of the policy to which the rider is attached; and on your responses to the questions on your application for the policy and the application supplement for the rider. Copies of the application for the policy and the application supplement are attached to the policy. If your answers to any of the questions on the application or application supplement are incorrect or untrue, the company has the right (in addition to any rescission rights described in the policy) to deny benefits or rescind the rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown above.

1. The Long Term Care rider is attached to an individual life insurance policy.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other long term care riders or policies available to you. This is not an insurance contract, but only a summary of coverage. Only the underlying life insurance policy and rider contain governing contractual provisions. This means that the life insurance policy and rider set forth in detail the rights and obligations of you, the Insured (if other than yourself) and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND RIDER CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES.** The rider is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. If a change to the rider is required in order to conform to changes in the requirements of the Internal Revenue Code, we will send you an amendment describing the change and you will be given a choice of accepting or rejecting the amendment. If you reject such an amendment, you must give us written notice, and your refusal may result in the rider no longer being tax-qualified or other adverse tax consequences. As with any tax matter, you should consult your tax advisor to evaluate any tax impact of rejecting any such amendment.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.**
(a) **Renewability** – THE RIDER IS GUARANTEED RENEWABLE. This means we may not, on our own, cancel or reduce the coverage it provides. Subject to the rider's termination provision, this rider will remain in force for as long as the policy remains in force and the required charges for this rider are paid. rider charges are subject to change, but we will not increase the rates above the maximum rates shown in the Policy Data. (b) **Waiver of Rider Charges** – While benefits under the rider are being paid, the Long Term Care rider charges will be waived. However, charges for the underlying policy and/or any other riders providing additional benefits will continue to be assessed.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES.** Rider charges are subject to change. They are based on the policy's amount at risk (as determined for purposes of the Monthly Cost of Insurance) and our table of Long Term Care rider rates then in effect. The table in effect at any time will generally contain rates that increase with the age of the Insured. We may change the table from time to time, but we cannot increase the rates beyond the maximum rates shown in the policy. We can only change the rider rate table if we

change it for everyone under this rider form who is in the same risk class. A risk class includes persons with the same benefits, issue age, and underwriting risk class at issue and whose Long Term Care riders have been in effect for the same length of time. We will give you at least 60 days advance written notice at your last address shown in our records before we change your rider rate table.

6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED.** You have 30 days from the day you receive the rider to review it and return it to us if you decide not to keep it. You do not have to tell us why you are returning the rider. Within 30 days of when it is received, simply return it to us at our Administrative Office or to the agent/insurance producer through whom it was purchased. We will refund the full amount of any rider charge deducted from the Policy Value, within 30 days after our receipt of the returned rider. The rider will be void as if it had never been issued. If you wish to cancel the rider without canceling the policy, you must return the policy and the rider to us so that we can send you back the policy without the rider.
7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company. That booklet is called the "Guide to Health Insurance for People with Medicare." Neither Stonebridge Life Insurance Company nor its agents/insurance producers represent Medicare, the federal government or any state government.
8. **LONG TERM CARE COVERAGE.** Contracts of this category are designed to provide coverage for one or more necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital such as: (a) a Long Term Care Facility; (2) an Adult Day Care Center; (3) a Hospice Care Facility; or (4) the home.

The rider provides coverage in the form of a fixed indemnity benefit for long term care expenses, subject to the rider limitations and elimination period requirements.

9. **BENEFITS PROVIDED BY THE RIDER.**

Subject to the conditions, limitations and exclusions in the rider, the amount of the benefit payable for any Calendar Month is an amount equal to the lesser of A or B where:

- A is 2% of Long Term Care Specified Amount, at commencement of benefits; and
- B is the per diem amount allowed by the Health Insurance Portability and Accountability Act times the number of days in the Calendar Month.

You may request a monthly benefit amount less than the above maximum. Choosing a lesser amount could extend the period during which benefits may be payable. You may change your election 30 days before the beginning of any calendar year.

If the Insured satisfies the Elimination Period and meets the Eligibility for the Payment of Benefits requirements for only part of a Calendar Month, we will prorate the Long Term Care Benefit payment at the beginning of a period of care or at the end. Prorate means we will divide the monthly Long Term Care Benefit by the actual number of days in the month, then multiply that number times the number of days during the month for which you are eligible to receive benefit payments.

Long Term Care rider benefits are an acceleration of the policy's death benefit and will reduce any proceeds payable at surrender of the policy or upon the Insured's death.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS. Long Term Care benefits may be payable under the rider if the Insured is a Chronically Ill Individual and (1) has satisfied the 90-day Elimination Period; (2) has received Qualified Long Term Care Services covered under the rider and such services are specified in a Plan of Care; and (3) a current Plan of Care and written Proof of Loss have been approved by us.

Elimination Period. The rider has an Elimination Period of 90 days. This means that we will not pay benefits under the rider for any period before the Insured has incurred expenses, on each of 90 separate days during which the rider is in effect, for Qualified Long Term Care Services that would otherwise be covered under the rider. These days of care or services need not be continuous. The

Elimination Period has to be satisfied only once while the rider is in effect. You must provide us with Proof of Loss in order to satisfy the Elimination Period.

We will give the Insured credit toward the Elimination Period for days of confinement, care or services covered under the rider, even if they are paid or payable by Medicare.

Care or services received during confinement in a hospital or rehabilitation hospital/facility cannot be used to satisfy the Elimination Period, even if they are paid or payable by Medicare.

Chronically Ill Individual means an individual who has been certified by a Licensed Health Care Practitioner as being unable to perform, without Substantial Assistance from another individual, at least two out of the six Activities of Daily Living (ADLs) for an expected period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Severe Cognitive Impairment (including the term “Severely Cognitively Impaired”) means a severe loss or deterioration in intellectual capacity that is measured by clinical evidence and standardized tests as part of an evaluation that reliably measures impairment in the Insured’s:

1. short-term or long-term memory;
2. orientation as to people, places or time;
3. deductive or abstract reasoning; and
4. judgment as it relates to safety awareness.

The evaluation must include utilizing cognitive tests with resulting scores consistent with a diagnosis of Severe Cognitive Impairment.

Activities of Daily Living (ADLs) means the following activities: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

10. GENERAL EXCLUSIONS AND LIMITATIONS. Qualified Long Term Care Services do not include care, confinement or services:

1. resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance;
5. received outside the 50 United States and the District of Columbia, or Canada; and
6. performed by a member of your Immediate Family or the Insured’s Immediate Family. A member of your Immediate Family or the Insured’s Immediate Family can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family or the Insured’s Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

Non-Duplication of Benefits. Qualified Long Term Care Services do not include care, confinement or services:

1. provided in a government facility (unless otherwise required by law);
 2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
 3. provided under any governmental programs (except Medicaid); or
 4. paid or payable under any state or federal workers’ compensation, employer’s liability or occupational disease law, or any motor vehicle no-fault law;
- unless the costs incurred and paid exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

We will not pay benefits under the rider if Qualifying Long Term Care Services received by the Insured are not included in the Insured's Plan of Care.

11. **RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the costs of Long Term Care services will likely increase over time, you should consider whether and how the benefits of the rider should be used. The rider does not include inflation protection coverage. Increases and decreases to the policy's death benefit resulting from the exercise of your rights under that policy, including your right to make policy loans and withdrawals, will cause a change in the maximum Monthly Long Term Care Rider Benefit Amount as well as the policy's death benefit.
12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** The rider provides coverage for mental and nervous conditions as long as the Insured is certified by a Licensed Health Care Practitioner as being a Chronically Ill Individual as defined in the rider. Covered illnesses include, but are not limited to, Alzheimer's Disease, Parkinson's Disease, senile dementia and related degenerative and dementia-based illnesses.
13. **LONG TERM CARE RIDER CHARGE.** The Guaranteed Maximum Monthly Charge Rates per \$1000 of amount at risk are shown in the Policy Data.
14. **ADDITIONAL FEATURES.** Interaction of policy provisions and the rider:

Medical Information. Issuance of the rider requires that we are provided with and evaluate medical information about the Insured. This is generally known as medical underwriting.

Policy Face Amount Changes. While this rider is In Force you may not request an increase in the policy's Face Amount. Transactions that increase or reduce the Face Amount of the policy will also result in a dollar-for-dollar change in the Long Term Care Specified Amount.

Loans and Withdrawals. Loans and withdrawals will not be permitted while benefits are being paid under the rider.

Long Term Care Rider's Effect on Surrender Values under any endorsement providing an enhanced surrender value. If the policy is surrendered during the option periods provided in such an endorsement, any enhanced surrender value will be reduced by the amount of the Long Term Care rider benefits paid.

Terminal Illness Accelerated Death Benefit Endorsement Effect on the Rider. If your policy includes an endorsement providing an accelerated death benefit in the event of a terminal illness ("Terminal Illness ADB Endorsement") the Insured may qualify for benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider. If the Insured qualifies for benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider and if a claim is made under both the Terminal Illness ADB Endorsement and the Long Term Care rider, a benefit will be paid under the Terminal Illness ADB Endorsement first. A payment under the Terminal Illness ADB Endorsement will reduce the policy face amount and the Long Term Care Specified Amount will be reduced by the same amount. Once payment under the Terminal Illness ADB Endorsement is made, any payments under the Long Term Care rider will be made based on the newly reduced Long Term Care Specified Amount.

We will not pay benefits under both the Terminal Illness ADB Endorsement and the Long Term Care rider simultaneously. If a claim is made under the Terminal Illness ADB Endorsement while benefits are being paid under the Long Term Care rider, we will stop paying benefits under the Long Term Care rider when we pay benefits under the Terminal Illness ADB Endorsement. The maximum accelerated death benefit used to calculate the amount of the Terminal Illness Accelerated Death Benefit will be reduced by any Long Term Care rider benefits paid out. Once payment under the Terminal Illness ADB Endorsement is made, and the Insured qualifies for benefits under the Long Term Care rider, any payments under the Long Term Care rider will be made based on the newly reduced Long Term Care Specified Amount.

End of Eligibility. If rider benefit payments cease because the Insured no longer qualifies for benefits under this rider, the following will apply:

1. If the policy's No Lapse Ending Date has not passed, the test to determine whether the No Lapse Guarantee is in effect will not require a Minimum No Lapse Premium for those months while we were paying benefits under this rider.
 2. Any negative Policy Value will be reset to zero.
 3. Policy transactions that were restricted while we were paying benefits under this rider will become unrestricted.
15. **CONTACT THE STATE AGENCY LISTED IN A *SHOPPER'S GUIDE TO LONG TERM CARE INSURANCE* IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE RIDER.**

This is a supplement to the Application for Life Insurance for the proposed Insured. Please complete if LTC Rider is being elected.			
<input type="checkbox"/> New Application		<input type="checkbox"/> Reinstatement (Check the applicable box.)	
Section 1 Proposed Insured and Owner Information			
Proposed Insured:	First Name _____	M.I. _____	Last Name _____
Owner: (if other than the proposed Insured)	_____	_____	_____
Date of Birth (MM/DD/YYYY) _____ _____			
Section 2 Protection Against Unintended Lapse			
I, the Owner, understand that I have the right to designate at least one person, other than myself, to receive notice of lapse or termination of this long term care insurance rider for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid. (Check the applicable box.)			
<input type="checkbox"/> I designate the following person to receive notice prior to cancellation of my rider for nonpayment of premium (complete information below):		<input type="checkbox"/> I elect NOT to designate a person to receive this notice. I may change my election at a future date.	
First Name	M.I.	Last Name	
Address (Cannot be a P.O.Box)		City	State Zip Code
Section 3 Health Questions - In this section, "You" means the proposed Insured.			
1. During the last 12 months, have you ever:			
a) required assistance or supervision of any kind to perform any every day activity, such as mobility (including the use of pronged canes), taking medications, dressing, eating, walking, bathing, transferring or toileting?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b) used a catheter, chair lift, crutches, dialysis, motorized scooter, oxygen equipment, quad or three-pronged cane, respirator, walker or wheelchair?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c) been advised to enter or resided in a nursing home, assisted living facility, long term care facility, CCRC (Continuing Care Retirement Community), or rehabilitation facility, or attended an adult day care facility, or required home health care?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the last 3 years, have you ever used insulin to treat Diabetes, or have you ever been diagnosed or treated for Diabetes WITH COMPLICATIONS (such as Neuropathy, Retinopathy, Nephropathy, Heart Disease, Stroke or Peripheral Vascular Disease)?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you EVER been diagnosed with, treated for, tested positive for, or received medical advice from a member of the medical profession for any of the following condition(s):			
Alzheimer's disease or Dementia			<input type="checkbox"/> Yes <input type="checkbox"/> No
Amputation due to disease			<input type="checkbox"/> Yes <input type="checkbox"/> No
ALS (Lou Gehrig's disease)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis with narcotic pain medication			<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple Strokes/CVA's/TIA's			<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ Transplant (other than Corneal)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple Sclerosis			<input type="checkbox"/> Yes <input type="checkbox"/> No
Huntington's Chorea			<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscular Dystrophy			<input type="checkbox"/> Yes <input type="checkbox"/> No
Myasthenia Gravis			<input type="checkbox"/> Yes <input type="checkbox"/> No
Organic Brain Syndrome			<input type="checkbox"/> Yes <input type="checkbox"/> No
Osteoporosis with fractures			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parkinson's disease			<input type="checkbox"/> Yes <input type="checkbox"/> No
Polymyositis			<input type="checkbox"/> Yes <input type="checkbox"/> No
Scleroderma			<input type="checkbox"/> Yes <input type="checkbox"/> No
Memory loss			<input type="checkbox"/> Yes <input type="checkbox"/> No
Unplanned weight loss greater than 15 pounds within the last 2 years			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a direct family history (parents or siblings) of Huntington's Chorea or Polycystic Kidney Disease?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If Questions 1, 2, 3 or 4 were answered yes, the rider is not available for the proposed Insured and this application supplement should not be completed or submitted.

5. In the last 5 years, have you been diagnosed with, treated for, tested positive for, or received medical advice from a member of the medical profession for any of the following conditions:
- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Disorientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Used a Straight Cane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chest pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transient Ischemic Attack (TIA) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of Balance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of Strength | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tremors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dizziness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
6. Do you have a handicap sticker, handicap placard, or handicap license plate? (Give reason below.) Yes No
7. In the last 24 months, have you had to limit or been advised by a member of the medical profession to limit, reduce, discontinue or restrict any activities or hobbies? (Give reason below.) Yes No

Give details for all yes answers to questions 5, 6, & 7. For every medication there should be a condition and for most conditions there should be a medication or treatment.

Question #	Nature of Condition/Date of Diagnosis	Date Last Treated/Medication Taken	Name of Physician Seen/Physician's Address

8. Have you ever received any long term care benefits, disability income benefits or Social Security Disability benefits? If the answer is yes, provide details in Section 5, Remarks. Yes No
9. Within the past 5 years, have you ever been declined for long term care insurance including long term care insurance provided by rider to a life insurance or other policy? List company name, date and reason in Section 5, Remarks. Yes No

Section 4 Existing and Pending Coverage - In this section, "You" means the proposed Insured. (Provide details of yes answers below.)

1. Are you covered by Medicaid? Yes No
2. Are you covered under any other long term care insurance policy, contract or rider in force? Yes No
3. Has any of your long term care insurance, including coverage by riders, lapsed, been surrendered or otherwise terminated in the past 24 months? Yes No
4. Is the coverage applied for intended to replace any long term care, medical or health or disability insurance coverage? Yes No
5. Are there any other life insurance policies currently in force on your life which provide similar long term care or accelerated death benefit coverage? Yes No
6. Do you currently have another long term care policy or certificate in force (including health care service contract, health maintenance organization contract)? If yes, please give details in Section 5, Remarks. Yes No
7. Did you have a long term care insurance policy or certificate in force in the last 12 months? If yes, with which company? And if that policy lapsed, when did it lapse? Please provide details in Section 5, Remarks. Yes No
8. Do you intend to replace any in force medical or health insurance coverage with this policy? If yes, please provide details in Section 5, Remarks and complete the required replacement form. Yes No

If yes to questions 5-8, please provide details. If more space is needed, please use the Supplemental Information form.

Name and Address of Insurance Company	Policy/Certificate Number	Type and Amount of Benefits	Lapse Date	Currently In Force?		Being Replaced?	
				Yes	No	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5	Remarks

I, the proposed Insured, and I, the Owner if different, hereby represent that all statements and answers given in this application supplement are true and complete to the best of my/our knowledge and belief. **I/we agree** that: (1) this application supplement, and the Application shall be the basis for any contract issued; (2) the coverage I/we are applying for provides benefits for the proposed Insured only; and (3) no waiver or modification shall be binding upon Stonebridge Life Insurance Company (“the Company”) unless in writing and signed by the President or a Vice President and the Secretary or an Assistant Secretary.

Caution: If your answers on this application supplement and/or on the Application for the life insurance policy to which the LTC Rider will be attached are incorrect or untrue, Stonebridge Life Insurance Company may have the right to deny benefits or rescind coverage.

I understand that benefits under the Long Term Care Rider are provided through an accelerated death benefit option, and that if I exercise the accelerated death benefit option, any beneficiary I designate will receive a reduced death benefit.

I certify that I have received the Outline of Coverage, HIPAA Privacy Notice, the Disclosure Notices for the MIB and Fair Credit Reporting, and if eligible for Medicare, the “Guide to Health Insurance for People with Medicare.”

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

X _____
Signature of proposed Insured

Date (MM/DD/YYYY)

X _____
Signature of Owner (if other than proposed Insured)

Date (MM/DD/YYYY)

X _____
Signature of Licensed Agent/Insurance Producer

Date (MM/DD/YYYY)

AGENT/INSURANCE PRODUCER'S REPORT

Insurance Producer's Report				
1. Did you personally interview the proposed Insured, ask all the questions and witness the signatures?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you see or hear or were you advised of any physical impairment of the proposed Insured with regard to walking, speaking, any form of tremor or any signs of confusion or disorientation?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you review the current long term care, medical or health or disability insurance coverage of the proposed Insured and find that the coverage applied for is appropriate for the applicant's needs?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. To the best of your knowledge, is the insurance applied for intended to replace any other long term care, medical or health or disability insurance coverage in force with this or any other company?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. To the best of your knowledge, is the information provided in this application true and complete?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the proposed Insured live alone?				<input type="checkbox"/> Yes <input type="checkbox"/> No
LIST ANY OTHER HEALTH INSURANCE COVERAGE YOU HAVE SOLD ON THE PROPOSED INSURED				
(1) List policies or other coverage sold that are still in force; and				
(2) List policies or other coverage sold within the last five (5) years that are no longer in force.				
Insurance Company	Policy/Certificate Number	Type and Amount of Benefits	In Force	Lapse Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Licensed Agent/Insurance Producer: _____
Last First

Licensed Agent/Insurance Producer ID #: _____
(Up to 10 Digits)

Signature of Licensed Agent/Insurance Producer Date (MM/DD/YYYY)

SERFF Tracking #:

AEGB-128608088

State Tracking #:

Company Tracking #:

LTCR03 S

State: Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTCR03 S

Project Name/Number: Long Term Care Rider IUL/LO54

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	08/13/2012
Comments:			
Attachment(s):			
AR - Cert of Regulation 49 S.pdf			
AR - Rule and Regulation 19 S.pdf			
Certification of Readability S.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	08/13/2012
Bypass Reason:	N/A - LTC rider Supplemental Application filed for approval on Forms Schedule tab.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	08/13/2012
Bypass Reason:	N/A - LTC rider Outline of Coverage filed for approval on Forms Schedule tab.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability	Approved	08/13/2012
Comments:			
Attachment(s):			
Explanation of Variables S.pdf			
		Item Status:	Status Date:
Satisfied - Item:	LTC Rider Sample Data Page	Approved	08/13/2012
Comments:			
Attachment(s):			

SERFF Tracking #:

AEGB-128608088

State Tracking #:

Company Tracking #:

LTCR03 S

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

LTCR03 S

Project Name/Number:

Long Term Care Rider IUL/LO54

IUL04 - LTCR03 Sample DP.pdf

STONEBRIDGE LIFE INSURANCE COMPANY

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number: LTCR03, RDB01, LTCR03 OC, LTC 0312S AR

Date: July 31, 2012

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

STONEBRIDGE LIFE INSURANCE COMPANY

**RULE AND REGULATION 19
STATE OF ARKANSAS**

Form Number: LTCR03, RDB01, LTCR03 OC, LTC 0312S AR

Date: July 31, 2012

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

STONEBRIDGE LIFE INSURANCE COMPANY

CERTIFICATION OF READABILITY

<u>Form Name</u>	<u>Form Number</u>	<u>Flesch Score</u>
Long Term Care Rider	LTCR03	50.3
Residual Death Benefit Endorsement	RDB01	51.1
Long Term Care Rider Outline of Coverage	LTCR03 OC	52.7
Supplemental Application	LTC 0312S	52.4

It is hereby certified that each form listed above meets the minimum reading ease score required by the Interstate Insurance Product Regulation Commission in its standards for Long Term Care forms. Each form also complies with rules and regulations as to size of print, format and arrangement.



Cheryl Bock
Assistant Vice President

July 19, 2012
Date

Explanation of Variables

Long Term Care Rider and related forms

Long Term Care Rider LTCR03

Page 1 - The company's Home Office address, Administrative Office address and phone number are shown as variable as they may change in the future.

Page 1 - The phone number at the bottom of the page will be modified to reflect the appropriate state insurance department's contact information.

Page 13 - The officers executing the rider may change which may result in a change of title and corresponding change in signature.

Outline of Coverage LTCR03 OC

The company's Home Office address, Administrative Office address and phone number are shown as variable as they may change in the future.

Residual Death Benefit Endorsement RDB01

The company's Home Office address, Administrative Office address and phone number are shown as variable as they may change in the future.

The officers executing the endorsement may change which may result in a change of title and corresponding change in signature.

Supplemental Application LTC 0312S AR

The company's Home Office address and Administrative Office address are shown as variable as they may change in the future.

Long Term Care Rider – Sample Data Page

Page 3:

Policy Number: This will be issued sequentially.

Initial Face Amount: This will be the amount we approve, subject to the minimum face amount. After the policy is issued, the owner has the option to: (a) increase the face amount once per policy year after the first policy anniversary by \$25,000 or more, subject to our underwriting requirements and/or (b) decrease the face amount once per policy year after the third policy anniversary, provided the new face amount is at least the minimum face amount.

Minimum Face Amount: This will be fixed at issue for all policies, but is subject to change for future new issues. It will range between \$25,000 and \$500,000.

Death Benefit Option: This will be the death benefit option the owner chooses on the application for insurance. There will be either level or increasing.

Insured: This will be personalized with the name of the individual covered by the rider.

Class of Risk: This will depend on the insured's underwriting status. It will be one of the following: Preferred, Non-Tobacco, or Tobacco.

Owner: This is the person insured, unless otherwise specified in the application for insurance.

Policy Date: This will be the date coverage under the policy becomes effective.

Date of Issue: The date the policy is recorded in our books.

Age of Insured: The age of the individual covered by the rider. Age range is 18-75.

Sex of Insured: This will be male or female.

Monthly Deduction and Rider Information: This section will indicate any riders the owner chooses on the application for insurance, and that we approve.

Page 3G:

Policy Number: This will be issued sequentially.

Insured: This will be personalized with the name of the individual covered by the rider.

Rider Monthly Charge Rate: Charges will vary based on issue age, sex, face amount and risk class of the Insured.

POLICY DATA

POLICY NUMBER:	[110 01 SAMPLE]	POLICY DATE:	[JUNE 1, 2011]
INITIAL FACE AMOUNT:	[\$ 25,000]	DATE OF ISSUE:	[JUNE 15, 2011]
MINIMUM FACE AMOUNT:	[\$ 25,000]	AGE OF INSURED:	[35]
DEATH BENEFIT OPTION:	[LEVEL]	SEX OF INSURED:	[MALE]
INSURED:	[JOHN DOE]		
CLASS OF RISK:	[NON-TOBACCO]		
OWNER:	[JOHN DOE]		
	[JANE DOE]		

MONTHLY DEDUCTION AND RIDER INFORMATION

TYPE OF COVERAGE	AMOUNT	PAYABLE TO	*FIRST MONTHLY DEDUCTION/ CHARGE
BASIC POLICY	[\$ 25,000.00]	TO AGE 121	[\$ 20.38]
LONG TERM CARE RIDER CLASS OF RISK: [NON-TOBACCO]	[\$ 25,000.00]	TO AGE 121	[\$ 5.21]

SEE FOOTNOTES ON NEXT PAGE.

POLICY DATA

POLICY NUMBER: [110 01 sample]

INSURED: [JOHN DOE]

**TABLE OF LONG TERM CARE RIDER GUARANTEED
MAXIMUM MONTHLY CHARGE RATES PER \$1,000**

<u>AGE</u>	<u>RIDER MONTHLY CHARGE RATE</u>	<u>AGE</u>	<u>RIDER MONTHLY CHARGE RATE</u>	<u>AGE</u>	<u>RIDER MONTHLY CHARGE RATE</u>
35	\$[0.04167	64	0.09000	93	2.96833
36	0.04333	65	0.10333	94	2.96833
37	0.04333	66	0.11833	95	2.98333
38	0.04333	67	0.13833	96	3.01333
39	0.04333	68	0.16000	97	3.27333
40	0.04500	69	0.19667	98	3.76333
41	0.04500	70	0.23500	99	4.25500
42	0.04500	71	0.26333	100	4.74500
43	0.04500	72	0.29000	101	5.23500
44	0.04667	73	0.31667	102	5.72500
45	0.04667	74	0.34833	103	6.21500
46	0.04667	75	0.40167	104	6.70500
47	0.04833	76	0.47167	105	7.19667
48	0.04833	77	0.54500	106	7.68667
49	0.04833	78	0.63167	107	8.17667
50	0.04833	79	0.75000	108	8.66667
51	0.05000	80	0.89333	109	8.91167
52	0.05000	81	1.04167	110	8.91167
53	0.05000	82	1.19000	111	8.91167
54	0.05167	83	1.34000	112	8.91167
55	0.05167	84	1.49833	113	8.91167
56	0.05167	85	1.66333	114	8.91167
57	0.05333	86	1.83333	115	8.91167
58	0.05333	87	2.00667	116	8.91167
59	0.05333	88	2.18500	117	8.91167
60	0.05500	89	2.41167	118	8.91167
61	0.06000	90	2.65167	119	8.91167
62	0.06833	91	2.86167	120	8.91167
63	0.07833	92	2.96833	121	0.00000]

SERFF Tracking #:

AEGB-128608088

State Tracking #:**Company Tracking #:**

LTCR03 S

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

LTCR03 S

Project Name/Number:

Long Term Care Rider IUL/LO54

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/30/2012	Supporting Document	LTC Rider Sample Data Page	08/01/2012	IUL04 - LTCR03 Sample DP.pdf (Superseded)

POLICY DATA

POLICY NUMBER: [110 01 sample]

INSURED: [JOHN DOE]

**TABLE OF LONG TERM CARE RIDER GUARANTEED
MAXIMUM MONTHLY CHARGE RATES PER \$1,000**

<u>AGE</u>	<u>RIDER MONTHLY CHARGE RATE</u>	<u>AGE</u>	<u>RIDER MONTHLY CHARGE RATE</u>	<u>AGE</u>	<u>RIDER MONTHLY CHARGE RATE</u>
35	\$[0.04167	64	0.09000	93	2.96833
36	0.04333	65	0.10333	94	2.96833
37	0.04333	66	0.11833	95	2.98333
38	0.04333	67	0.13833	96	3.01333
39	0.04333	68	0.16000	97	3.27333
40	0.04500	69	0.19667	98	3.76333
41	0.04500	70	0.23500	99	4.25500
42	0.04500	71	0.26333	100	4.74500
43	0.04500	72	0.29000	101	5.23500
44	0.04667	73	0.31667	102	5.72500
45	0.04667	74	0.34833	103	6.21500
46	0.04667	75	0.40167	104	6.70500
47	0.04833	76	0.47167	105	7.19667
48	0.04833	77	0.54500	106	7.68667
49	0.04833	78	0.63167	107	8.17667
50	0.04833	79	0.75000	108	8.66667
51	0.05000	80	0.89333	109	8.91167
52	0.05000	81	1.04167	110	8.91167
53	0.05000	82	1.19000	111	8.91167
54	0.05167	83	1.34000	112	8.91167
55	0.05167	84	1.49833	113	8.91167
56	0.05167	85	1.66333	114	8.91167
57	0.05333	86	1.83333	115	8.91167
58	0.05333	87	2.00667	116	8.91167
59	0.05333	88	2.18500	117	8.91167
60	0.05500	89	2.41167	118	8.91167
61	0.06000	90	2.65167	119	8.91167
62	0.06833	91	2.86167	120	8.91167
63	0.07833	92	2.96833	121	0.00000]